DATENT	ADDL	LOATION	DETERMIN		DECODE
		16 . AX I 16 JIN	LIETERIVIII	— 11111	BELLIBLE

Effective October 1, 2000

Application or Docket Number

09733617

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		19					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS) minus 20= '		· ()			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			G min	nus 3 = *				X40=		OR	X80=	80
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	790	
CLAIMS AS AMENDED - PART II							SMALL E	VTITA	OR	OTHER SMALL		
		(Column 1) CLAIMS			mn 2) IEST	(Column 3)	1 1	SWALLE) 1	OIIIAEE I	ADDI-
ENT A		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
MENDMENT	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CLAIM	=		X40=		OR	X80=	
	PIHST PHESE	NTATION OF M	ULTIPLE DEP	ENDEN	I CLAIN	<u> </u>		+135=		OR	+270=	
								TOTAL		OR	TOTAL ADDIT. FEE	
* *		(Caluman 4)		(Calu	.mn 2\	(Column 3)		ADDIT. FEE		J	AUDIT. FEE	
- 14 C		(Column 1) CLAIMS	य का उसरहर व		IMN 2) HEST	(Column 3)	1		ADDI-	1	f	ADDI-
ENT B		REMAINING AFTER AMENDMENT		PREV	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
AMENDMENT	Total	* 1	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CLAIM	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135=	- ·	OR	+270=		
		·,						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEI	Independent	*	Minus	***		=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										1 ັ``		
								+135=		OR	+270=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL ADDIT. FEE ADDIT. FEE TOTAL ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		niber Previously P					er fo	und in the an	nronriate ho	y in co	olumn 1	